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<input checked="" type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract	<input type="checkbox"/> Information Disclosure Statement(s) Filed on: 1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____
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<input type="checkbox"/> Translation of Article 19 Amendments <input type="checkbox"/> entered <input type="checkbox"/> not entered: <input type="checkbox"/> not a page for page substitution <input type="checkbox"/> replaced by Article 34 Amendment	<input type="checkbox"/> Assignee Statement Under 37 CFR 3.73(b)
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<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Verified Small Status Statement
<input type="checkbox"/> Change of Address	<input type="checkbox"/> Oath/Declaration (executed)
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	<input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing
	<input type="checkbox"/> Other: _____
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